

**Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure**

**Board of Registration in Pharmacy
239 Causeway Street, 5th Floor, Boston, MA 02114
617-727-9953 (office) 617-727-2366 (fax)
www.mass.gov/reg/boards/ph**

**MITT ROMNEY
GOVERNOR**

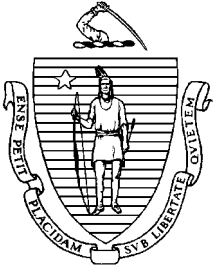
**KERRY HEALEY
LIEUTENANT GOVERNOR**

**RONALD PRESTON
SECRETARY**

**CHRISTINE C. FERGUSON
COMMISSIONER**

**APPLICATION FOR REGISTRATION OF AN INSTITUTIONAL / CLINIC
OR SATELLITE PHARMACY**

1. The director of a proposed institutional / clinic or satellite pharmacy shall submit to the Board a completed application (enclosed and or available on the website).
2. The application must be accompanied by the following materials:
 - a. A check or money order payable to the Commonwealth of Massachusetts in the amount of the statutory fee (\$151.00). **Fee is non-refundable.**
 - b. In the case of a corporation, an affidavit stating:
 1. Name of the corporation
 2. Main address of the corporation
 3. Date the corporation was organized
 4. Corporate officers--name and address of each corporate officer
 5. In case of Transfer of Ownership, show transaction from one party to the other giving date of transfer
 6. If the corporation is not a Massachusetts corporation, a copy of foreign corporation certificate required pursuant to M.G.L. Chapter 181 s.4.
 - c. A copy of the Department of Public Health license must be submitted.



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APPLICATION FOR MASS. CONTROLLED SUBSTANCES
Fee: \$151.00

BOARD USE ONLY	
Board	_____
License #	_____
Type	_____
Cash	_____
Cash Date	_____

Cash _____ Check _____
No. _____ Date _____ M.O. _____

BOARD USE ONLY		
Status Code	Issue Date	Lic. Exp. Date
_____	_____	_____

Business _____ Location _____

Please do not write above this line

I here apply for Registration under Mass. Controlled Substances Act-M.G.L. 94C Section 7.

Applicant Name (if an individual) _____
(Last) (First) (Middle)

Business Address _____
(No. and Street)

(City or Town) (State) (Zip Code)

Registration Classification:

(a) _____ Retail Drug Store (b) _____ Wholesale/Mfg/Dist.

(c) _____ Hospital/Clinic/Inst. (d) _____ Nuclear

FEIN # _____

Drug Schedule

Schedule II Schedule III ()Schedule IV ()Schedule V ()Schedule VI
()Non-Narcotic ()Non-Narcotic
()Narcotic ()Narcotic

Current drugstore permit No. _____ Current Wholesale Druggist License No. _____

Pharmacist's Registration No. _____

Signature of the Applicant _____
(Owner of facility must sign application)

Please submit check or money order for \$151.00 payable to the Commonwealth of Massachusetts.

WARNING:

In accordance with Chapter 94 M.G.L. Sec 13, the Board of Registration in Pharmacy in the case of a retail drug business or wholesale druggist, may suspend or revoke a registration to manufacture, distribute, dispense or possess a controlled substance after a hearing pursuant to the provisions of Chapter 34A and upon finding that the registrant has furnished false or fraudulent information in any application filed under the provisions of Chapter 94C.